Department of Labor and Industries Prevailing Wage Program PO Box 44540 Olympia WA 98504-4540 (360) 902-5335



## **CERTIFIED PAYROLL REPORT**

Olympia WA 98504-454 (360) 902-5335	40	,	Pri	me Con	tractor			ect Name					County			oject or Co	пиасі#
				Subcon	tractor		Proje	ect Addre	SS				City		Sta	ate	
	Awarding Agency Name				Phon	e	Com	pany Nar	ne						Ph	ione	
For the week ending:  Month Day Year	Address		City		State	ZIP+4	Addı	ress					City		Sta	ate ZIF	+4
W-d-Classification	N	or				y and Date									Deductions	т	
Work Classification and Soc Sec# of Employee	Name and Address	Overtime or Regular	Sun	Mon	Tue	Wed Thu	Fri	Sat	Total	Rate	Gross /	mount	Total Hourly "Usual		Withold-		NET
Soc See# of Employee	Address	Ó		]	Hours W	orked Each Da	У		Hours	Pay	of Gross Amount Pay Earned		Benefits"	FICA	ing Tax	Other	WAGES
1.		ОТ							0.00		0.00	0.00	\$ 0.00				\$ 0.00
		RG							0.00		0.00	0.00	\$ 0.00				Ψ 0.00
2.		ОТ							0.00		0.00	0.00	\$ 0.00				\$ 0.00
		RG							0.00		0.00						
3.	_	OT							0.00		0.00	0.00	\$ 0.00				\$ 0.00
		RG							0.00		0.00						
4.		OT							0.00		0.00	0.00	\$ 0.00				\$ 0.00
		RG							0.00		0.00						,
5.		OT							0.00		0.00	0.00	\$ 0.00				\$ 0.00
		RG							0.00		0.00		,				,
6.		ОТ							0.00		0.00	0.00	\$ 0.00				\$ 0.00
		RG							0.00		0.00	0.00	\$ 0.00				Ψ 0.00
7.		OT							0.00		0.00	0.00	\$ 0.00				\$ 0.00
		RG							0.00		0.00	0.00	<b>\$</b> 0.00				\$ 0.00
8.		OT							0.00		0.00	0.00	\$ 0.00				\$ 0.00
		RG							0.00		0.00	0.00	\$ 0.00				\$ 0.00
9.		ОТ							0.00		0.00	0.00	\$ 0.00				\$ 0.00
		RG							0.00		0.00	0.00	9 0.00				ş 0.00
10.		ОТ							0.00		0.00	0.00	\$ 0.00				\$ 0.00
		RG							0.00		0.00	0.00	φ 0.00				\$ 0.00

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## **AFFIRMATION**

Today's Date	Printed name of party signing this report	Title				
The party signing this report pa	ys or supervises the (Name of contractor or subcontractor)					
payment of the persons employ	ed by:					
Project Name:		For the week starting:	For the week ending:			

"USUAL BENEFITS" DISTRIBUTION (Please report in "per hour" terms)							
Work Classification	Total Hourly "Usual Benefits" (A + B + C + D + E)	(A) Hourly Pension	(B) Hourly Medical	(C) Hourly Vacation	(D) Hourly Holiday	(E) Approved Apprentice Program	
1.	\$ 0.00						
2.	\$ 0.00						
3.	\$ 0.00						
4.	\$ 0.00						
5.	\$ 0.00						
6.	\$ 0.00						
7.	\$ 0.00						
8.	\$ 0.00						
9.	\$ 0.00						
10.	\$ 0.00						

The party signing below **AFFIRMS** the following:

- (1) All information contained in this Certified Payroll Report, including any addenda, is correct and complete.
- (2) The wage rates for workers, laborers or mechanics as reported above are not less than the applicable wage rates contained in any wage determination related to the contract; and the classifications as reported above for each worker, laborer or mechanic conform with the actual work performed by such worker, laborer or mechanic.
- (3) The payments of usual benefits as listed above have been or will be made to appropriate approved plans, funds or programs for the benefit of such employees.
- (4) All persons employed on the above-referenced project(s) have been paid the full weekly wages earned, and no rebates have been or will be made either directly or indirectly to or on behalf of the above-named contractor or subcontractor from the weekly wages earned by any person. No deductions, other than those which are legally permissible, have been made by any person either directly or indirectly from the full wages earned.
- (5) Any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with the Washington State Apprenticeship and Training Council.

Falsification of any of the above statements is a violation of RCW 39.12.050 subject to prosecution, sanctions, and penalties.

Print or type name of party signing this report	Title	Signature